

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41106

Registrar's No. 4287

JAN 24 1942

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Lakeside Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Days (Specify whether  
In this community 3 Years years, months or days)

3. (a) PRINT FULL NAME PATRICIA JOANNE HEATER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female race White 5. Color or White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased Apr. 26, 1938  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
3 8 26 hr. min.

9. Birthplace Independence Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business None

12. Name Clarence A. Heater  
13. Birthplace Missouri (State or foreign country)  
14. Maiden name Bertha Parker  
15. Birthplace Missouri (State or foreign country)

16. (a) Informant Clarence A. Heater  
(b) Address 813 No. Chrysler, Indep. Mo.

17. (a) Burial (b) Date thereof Dec. 24, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cem.

18. (a) Signature of funeral director Cato & Speaks

(b) Address Independence Mo.

19. (a) 12/23/41 (b) M. M. Browne  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 813 N. Chrysler  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22  
year 1941 hour 2 minute 20 P.

21. I hereby certify that I attended the deceased from  
Dec 19 1941, to Dec 22 1941  
that I last saw her alive on Dec 22 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary embolism  
appendectomy

Due to 121.2

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) \_\_\_\_\_  
(e) Means of injury 2

23. Signature Allen (M. D. or other) AD

Address 202 S. Drury, Indep. Mo. Date signed 12/23/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**